



CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS
(Examination of Records Pursuant to Penal Code Sections 11120-11127)

To challenge the accuracy and/or completeness of your record, you **must** first complete a record review. For information on requesting a copy of your California state summary criminal history record, go to <https://oag.ca.gov/fingerprints/record-review>. Please be advised, the Bureau of Criminal Information and Analysis (BCIA) must complete its research regarding your record challenge as requested by submission of this claim form. If you wish to request an administrative hearing, please contact the Record Quality Services Program at RecordReview@doj.ca.gov.

Applicant Information (Please print or type all information requested on this form. Failure to do so may result in processing delays and/or return of the claim form.)

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
ADDRESS:	APT/UNIT:	CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:		PHONE NUMBER:	CII NUMBER (SID):	

Reason for Dispute (Check the box that is applicable to your dispute and explain the reason for your claim in the spaces provided below. If the reason is not listed, check "Other." If you have more than two disputes, please use another page.)

Dispute One

DATE OF ARREST: _____

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Incorrect Disposition | <input type="checkbox"/> Offense Dismissed Per 1203.4 PC | <input type="checkbox"/> Sealed Entry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Missing Disposition | <input type="checkbox"/> Offense Reduced to Misdemeanor Per 17(B) PC | <input type="checkbox"/> Wrong Conviction Type | |
| <input type="checkbox"/> Not Arrested | <input type="checkbox"/> Remove Entry | <input type="checkbox"/> Wrong Personal Descriptor Information | |

Brief Explanation of Claim: _____

Dispute Two

DATE OF ARREST: _____

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Incorrect Disposition | <input type="checkbox"/> Offense Dismissed Per 1203.4 PC | <input type="checkbox"/> Sealed Entry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Missing Disposition | <input type="checkbox"/> Offense Reduced to Misdemeanor Per 17(B) PC | <input type="checkbox"/> Wrong Conviction Type | |
| <input type="checkbox"/> Not Arrested | <input type="checkbox"/> Remove Entry | <input type="checkbox"/> Wrong Personal Descriptor Information | |

Brief Explanation of Claim: _____

Declaration (The claim form must be signed and dated by the applicant. If you elect to designate a person or attorney to correspond on your behalf, please provide their full name in the space provided below.)

By signing below, I declare that I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Information and Analysis, and wish to take exception to its accuracy and/or completeness. I declare under penalty of perjury that the information I have provided on this form is true and correct to the best of my ability.

Signature of Applicant

Date

I hereby administer to the following person to correspond with the Department of Justice on my behalf and authorize the person to receive a copy of the Department's findings concerning this matter: _____

Name of Designee/Attorney (if applicable)

*****PLEASE READ AND FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS*****

- Failure to complete and sign the form correctly may result in processing delays or the return of the claim form.
- Attach copies of any official document or court orders that would verify your claim. You may attach additional sheets if necessary.
- If an attorney is submitting the claim on your behalf it must be signed and dated by you the applicant.
- Mail the completed form to the Record Quality Services Program to the address below:

**Bureau of Criminal Information and Analysis
Record Quality Services Program
P.O. Box 903417
Sacramento, CA 94203-4170**



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code Sections 11120–11127 and other various state statutes and regulations. The CJIS Division uses this information to process requests regarding disputes and exceptions taken to the accuracy and completeness of criminal records. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to disputes and exceptions taken to the accuracy and/or completeness regarding criminal arrest records, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this form or access to your records, you may contact the DOJ's Keeper of Records at (916) 210-3310 or by e-mail at keeperofrecords@doj.ca.gov or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170